



Request for Approval of Oversize/ Overweight Movement - Superloads

**Approval Form Only. Applicant MUST
submit Application (DOT Form 560-021)**

All Sections Must Be Completed

Company Name		Contact Person
Company Address		
City	State	Zip
Phone	Fax	

Detailed Description of Non-Reducible Load or Vehicle			
Proposed Dates of Movement	Origin	Destination	Total Miles

Complete Proposed Routes of Travel. (Include beginning and ending mileposts for each highway).

Highways	Beginning MP	Ending MP	Highways	Beginning MP	Ending MP

Overweight: Draw diagram of axle group weight, axle spacings, tire sizes, and number of tires or provide axle spacing report number below. (Attach additional sheets if necessary).

Estimated Level Surface Highway Speed:			<input type="checkbox"/> Stinger Steered/Steerable Trailer <input type="checkbox"/> Manned Steer Trailer		
Width	Height	Length	Front Overhang	Rear Overhang	Number of Axles
Lift Axle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tire Size on Lift	Single or Dual on Lift <input type="checkbox"/> Single <input type="checkbox"/> Dual	GVW	Legal Weight	Report Number
Signature of Person Requesting Approval			<i>This Approval is NOT a Permit. Applicant must submit Application (DOT Form 560-021)</i>		

FOR OFFICE USE ONLY

Date Received Initials	Approved/Disapproved Initials	HQ Approval No.
Special Conditions/Requirements		